

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-421 United States Bankruptcy Court Southern District of Texas FILED JUL 19 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Ada City Utilities	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 748 Ada City Utilities 210 W 13th St Ada OK 74820-6410 	Check box if you have never received any notices from the bankruptcy court in this case		
	Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: Stage Store #0847 & Stage Store #0152		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Utility Services</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 4/8/00 - 6/1/00		3. If court judgment, date obtained: N/A	
4. Total Amount of Claim at Time Case Filed: \$ <u>730.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only.	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		179	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/17/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Alvin D. Files</u> Attorney for City of Ada		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

ADA CITY UTILITIES

210 W. 13th
ADA, OK 74820
405-436-8140

SERVICE CODES
W - Water
Y - Water Development
S - Sewer
Z - Solid Waste
G - Garbage
L - Line Charge
NP - Non-Payment Fee
DA - Deposit Applied
CR - Credit
OT - Other
X - Sewer System Road



PRE-SORTED FIRST CLASS

FIRST CLASS MAIL
U.S. POSTAGE
PAID 1.02
PERMIT NO. 175
ADA, OK 74820

FINAL

RETURN POSTAGE GUARANTEED

ACCOUNT NUMBER	SERVICE FROM	SERVICE TO	BILLING DATE
12-0520-00	4/08/00	6/01/00	7/01/00
CODE	METER READING		CUBIC FEET USED
	PREVIOUS	PRESENT	

W	1496	1504	800	17.13
S				5.95
G				341.62
Y				1.77
Z				21.24
X				5.31

THIS IS YOUR FINAL BILL

DUE DATE	AMOUNT DUE AFTER DUE DATE
7/25/00	393.02
ACCOUNT NUMBER	AMOUNT DUE

12-0520-00 393.02
PLEASE RETURN THIS STUB WITH PAYMENT
914 ARLINGTON CENTR

1121
STAGE STORE #0847
75-TADM % ACIS
P O BOX 851121
LOUISVILLE, KY

40285

SEE BACK FOR ADDITIONAL INFORMATION.

AMOUNT DUE	DUE DATE	AMOUNT DUE AFTER DUE DATE
393.02	7/25/00	393.02

FINAL BILL

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210 W. 13th
ADA, OK 74820
405-436-8140

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RETURN POSTAGE GUARANTEED

ACCOUNT NUMBER	SERVICE FROM	SERVICE TO	BILLING DATE
14-1815-00	4/15/00	6/01/00	7/01/00
CODE	METER READING		CUBIC FEET USED
	PREVIOUS	PRESENT	

W	1020	1024	400	11.17
S				3.81
G				297.35
Y				1.54
Z				18.49
X				4.62

THIS IS YOUR FINAL BILL

DUE DATE	AMOUNT DUE AFTER DUE DATE
7/25/00	336.98
ACCOUNT NUMBER	AMOUNT DUE

14-1815-00 336.98
PLEASE RETURN THIS STUB WITH PAYMENT
1140 N HILLS CENTRE

5121
STAGE STORE #0152
75-TADM % ACIS
P O BOX 85121
LOUISVILLE, KY

40285

SEE BACK FOR ADDITIONAL INFORMATION.

AMOUNT DUE	DUE DATE	AMOUNT DUE AFTER DUE DATE
336.98	7/25/00	336.98

FINAL BILL